2008 ELECTION CYCLE CPR - SS 08-02(b)

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#### POLITICAL COMMITTEE'S REPORT OF 2008 RECEIPTS AND DISBURSEMENTS

HOLL	5 6	6	U	V	5	In
	JAN	_	7	2009		
PIKE	ELECT SECTE	ONS ARY	DI) OF	MC1031 STATE	_	

Name of Co	ommittee COM	MITTEE TO RE-ELI	ECT SAM MIMS		ELECTIONS OF STATE
		22 MCCOMB, MS 39		County	PIKE
		82 (Fax)		and the state of t	
		UST		mike@fausto	cpa.com
	<del></del>				
	Check here if above		TYPE OF REPORT		
		. CHECK THE CATE	EGORY OF REPORT YO	U ARE SUBMITTING	G•
Octo	ber 28, 2008	Pre-Election Report (J	anuary 1, 2008, through	n October 25, 2008	8) <b>Mandatory</b>
	ember 18, 2008	Pre-Runoff Report (Oc	tober 26, 2008, through	n November 15, 20	008)Runoff Candidates
X Janu	ary 31, 2009	Annual Report (Januar			Mandatory
Terr	nination Report	(Candidate will no longer nd has no outstanding car	r accept contributions o npaign debt or obligatio	r make campaign ons.)	Required to terminate reporting obligations
			MADODTANT		

#### IMPORTANT

- Periodic reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- Until a candidate files a termination report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- The appropriate office must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable. (3)
- Contributions in excess of \$200 received after the reporting period but more than 48 hours before 12:01 a.m. on the day of the election must be reported by FAX or otherwise within 48 hours of the contribution. Use separate form "48 Hour Report" to report such activity.

### REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	(itemized + non-itemized)		<b>Total This Period</b>		Calendar year-to-date	
Total amount of contributions \$	250.00	+\$ 600.00	\$	850.00	\$ 850.00	
Total amount of disbursements \$	833.60	+\$ 2,269.87	\$	3,103.47	\$ 3,103.47	
	Total	mount of cash on hand	\$	30,407.76		

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

(Date) (Signature of Officer)

SEND TO:

- Authority: Refer to Miss. Code Ann. \$25-15-001 (1912) et. 364. for statutory requirements.

  Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972). 1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Delbert Hosemann, Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or
  - 601-576-2819. 2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.



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Name of Candidate or Committee COMMITTEE TO RE-ELECT SAM MIMS

Reporting period\_JANUARY 1, 2008

through DECEMBER 31, 2008

# ITEMIZED RECEIPTS

Other (please specify)	A. Source:   ☐ Corporation □ PAC □ Individual □ Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Mailing Address	Full name	12 / 30 / 08	\$
City, State, Zip Code	GEORGIA PACIFIC		
Name of Employer (Required)			\$
Decupation (Required)  B. Source:   Corporation   PAC   Individual   Loan   Date (Mo., Day, Year)   Amount of each receipt this period    Other (please specify)   S			\$
B. Source:   Corporation   PAC   Individual   Loan   Date (Mo., Day, Year)   Receipt this period   Pac   Individual   Loan   Date (Mo., Day, Year)   Receipt this period   Pac   Individual   Loan   Date (Mo., Day, Year)   Required   Pac   Individual   Loan   Date (Mo., Day, Year)   Pac   Individual   Loan   Pac   Individual   Loan   Pac   Individual   Loan   Pac   Individual   Pac	Occupation (Required)	Aggregate year-to-date	<b>\$</b> 250.00
Mailing Address	B. Source: [] Corporation [] 170	Date	receipt
Mailing Address			\$
Name of Employer (Required)	Mailing Address		\$
Name of Employer (Required)  C. Source: Corporation PAC Individual Loan Other (please specify)  Full name  Mailing Address  City, State, Zip Code  Date (Mo., Day, Year)  S  City, State, Zip Code  Date (Mo., Day, Year)  S  City, State, Zip Code  Amount of each receipt this period  S  City, State, Zip Code  Aggregate year-to-date  Date (Mo., Day, Year)  S  Amount of each receipt this period  Aggregate year-to-date  Date (Mo., Day, Year)  Amount of each receipt this period  Aggregate year-to-date  Date (Mo., Day, Year)  Cocupation (Required)  Date (Mo., Day, Year)  S  Mailing Address  Amount of each receipt this period  Date (Mo., Day, Year)  S  Amount of each receipt this period  Amount of each receipt this period  S  City, State, Zip Code  City, State, Zip Code  S  City, State, Zip Code	City, State, Zip Code		\$
Occupation (Required)  C. Source:   Corporation   PAC   Individual   Loan   Date (Mo., Day, Year)   PAC   Individual   Loan   PAC   Security	Name of Employer (Required)		\$
C. Source: Corporation C PAC C Internation C PAC C Individual C Loan C PAC	Occupation (Required)		\$
Full name	C. Source:   Corporation   C. FAG   S. Martine		
Mailing Address/ \$  City, State, Zip Code/ \$  Name of Employer (Required)/ \$  Cccupation (Required)/ \$  Aggregate year—to-date    D. Source: □ Corporation □ PAC □ Individual □ Loan			\$
City, State, Zip Code	Mailing Address		\$
Name of Employer (Required)  — / _ / _ Aggregate year-to-date  D. Source: □ Corporation □ PAC □ Individual □ Loan □ Other (please specify)  Full name  Mailing Address  — / _ / _ / _ Aggregate year-to-date    Date (Mo., Day, Year)   receipt this period   S	City, State, Zip Code		\$
Occupation (Required)  D. Source: Corporation PAC Individual Coan Other (please specify)  Full name  Mailing Address  City, State, Zip Code  PAC Individual Coan Date (Mo., Day, Year)  Loan  Date (Mo., Day, Year)  The specific code specify  Solution Corporation Coach and the specific code code code code code code code cod	Name of Employer (Required)	'	\$
Date (Mo., Day, Year)    Other (please specify)	Occupation (Required)		\$
Full name        //         \$           Mailing Address        ///         \$           City, State, Zip Code        ///         \$	D. Souice. C. Corporation		
City, State, Zip Code \$			\$
only, outloon and a second and a	Mailing Address		\$
** ** ** ** ** ** ** ** ** ** ** ** **	City, State, Zip Code		\$
Hame of Employs.	Name of Employer (Required)		\$
Occupation (Required)  Aggregate year-to-date	Occupation (Required)	Aggregate year–to-date	\$

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Name of Candidate or Committee COMMITTEE TO RE-ELECT SAM MIMS

Reporting period JANUARY 1, 2008 through DECEMBER 31, 2008

## ITEMIZED DISBURSEMENTS

THE NATCHEZ DEMOCRAT	Date (Mo., Day, Year)	Amount of each disbursement this period
lailing Address	04/04/08	\$ 233.60
City, State, Zip Code	//	\$
NATCHEZ, MS  Purpose of Disbursement (Optional) POLITICAL ADS	Aggregate Year-to-date	\$ 233.60
ROGER WICKER FOR SENATE	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	06/04/08	\$ 250.00
City, State, Zip Code  JACKSON, MS		S
Purpose of Disbursement (Optional) POLITICAL CONTRIBUTION	Aggregate Year-to-date	\$ 250.00
GREG HARPER FOR CONGRESS	Date (Mo., Day, Year)	Amount of each disbursement this period
GREG HARPER FOR CONGRESS  Mailing Address	09/12/08	\$ 350.00
City, State, Zip Code		\$
JACKSON, MS  Purpose of Disbursement (Optional)  POLITICAL CONTRIBUTION	Aggregate Year-to-date	\$ 350.00
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		S
City, State, Zip Code	_/_/_	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		S
City, State, Zip Code	//	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this perio
Mailing Address	_/_/_	\$
City, State, Zip Code		S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	S